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6.5h

		POTENTIAL HAZARDOUS WASTE SITE PRELIMINARY ASSESSMENT PART 1 - SITE INFORMATION AND ASSESSMENT		I. IDENTIFICATION 01 STATE 02 SITE NUMBER IL 059449928	
II. SITE NAME AND LOCATION					
01 SITE NAME (Legal, common, or descriptive name of site)			02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER		
QUAKER OATS RESEARCH LAB			617 W. MAIN ST.		
03 CITY			04 STATE	05 ZIP CODE	06 COUNTY
BARRINGTON			IL	60010	LAKE
09 COORDINATES LATITUDE			07 COUNTY CODE		
92.12.00.0			097		
LONGITUDE			08 CONG DIST		
088 10 35.0			10		
10 DIRECTIONS TO SITE (Starting from nearest public road)					
NW/4 BARRINGTON IS' QUADRANGLE					
SEE ATTACHMENTS ON THE BACK.					
III. RESPONSIBLE PARTIES					
01 OWNER (if known)			02 STREET (Business, mailing, residential)		
THE QUAKER OATS CO			617 W. MAIN ST.		
03 CITY			04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
BARRINGTON			IL	60010	312-381-1980
07 OPERATOR (if known and different from owner)			08 STREET (Business, mailing, residential)		
KEN G. SRCH. - CLASS. OPER.			617 W. MAIN ST.		
08 CITY			10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
BARRINGTON			IL	60010	312-381-1980
13 TYPE OF OWNERSHIP (Check one)					
<input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					
14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)					
<input type="checkbox"/> A. RCRA 3001 DATE RECEIVED: ____/____/____ <input type="checkbox"/> B. UNCONTROLLED WASTE SITE (CERCLA 103(c)) DATE RECEIVED: ____/____/____ <input checked="" type="checkbox"/> C. NONE					
IV. CHARACTERIZATION OF POTENTIAL HAZARD					
01 ON SITE INSPECTION			BY (Check all that apply)		
<input checked="" type="checkbox"/> YES DATE 05/15/79 <input type="checkbox"/> NO 07-13-84			<input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)		
02 SITE STATUS (Check one)			03 YEARS OF OPERATION		
<input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN			BEGINNING YEAR 1973 ENDING YEAR _____ <input type="checkbox"/> UNKNOWN		
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED					
NONE					
05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION					
NONE					
V. PRIORITY ASSESSMENT					
01 PRIORITY FOR INSPECTION (Check one if high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)					
<input type="checkbox"/> A. HIGH (Inspection required promptly) <input type="checkbox"/> B. MEDIUM (Inspection required) <input type="checkbox"/> C. LOW (Inspect on time available basis) <input checked="" type="checkbox"/> D. NONE (No further action needed, complete current disposition form)					
VI. INFORMATION AVAILABLE FROM					
01 CONTACT		02 OF (Agency/Organization)		03 TELEPHONE NUMBER	
PAUL E. VALENTINO		ENGINEER-MANAGER		312-381-1980	
04 PERSON RESPONSIBLE FOR ASSESSMENT		05 AGENCY	06 ORGANIZATION	07 TELEPHONE NUMBER	08 DATE
BARRY WINGER		EPA	HSRS	312-782-9848	09/04/84



I. IDENTIFICATION

01 STATE	02 SITE NUMBER
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ILD	0.59448928
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C1 PHYSICAL STATES Check all that apply:

02 WASTE QUANTITY AT SITE	
(Measures of waste quantities must be independent)	
TONS	
CUBIC YARDS	N/A
NO OF DRUMS	

03 WASTE CHARACTERISTICS (Check all that apply)

A TOXIC
B CORROSIVE
C RADIOACTIVE
D PERSISTENT
E SOLUBLE
F INFECTIOUS
G FLAMMABLE
H IGNITABLE

I HIGHLY VOLATILE
J EXPLOSIVE
K REACTIVE
L INCOMPATIBLE
M NOT APPLICABLE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE	N/A	N/A	N/A
OLW	DIRTY WASTE	"		
SOL	SOLVENTS	"		
PSC	PESTICIDES	"		
OCO	OTHER ORGANIC CHEMICALS	"		
IOC	INORGANIC CHEMICALS	"		
ACID	ACIDS	"		
BASE	BASES	"		
MET	HEAVY METALS	"		

[illegible]

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FCS			FDS		
FDS			FDS		
FCS			FDS		
FCS			FDS		

IEPA WATER FILES



WATER-0001473

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

IL0 099448928

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE _____) POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE _____) POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE _____) POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE _____) POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres) 04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE _____) POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE _____) POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION



DATE: 0001473

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

ILD 059498928

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (include name(s) of species)02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills run-off standing liquids leaking drums)02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED _____

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION02 ☐ OBSERVED (DATE: _____)☐ POTENTIAL☐ ALLEGED

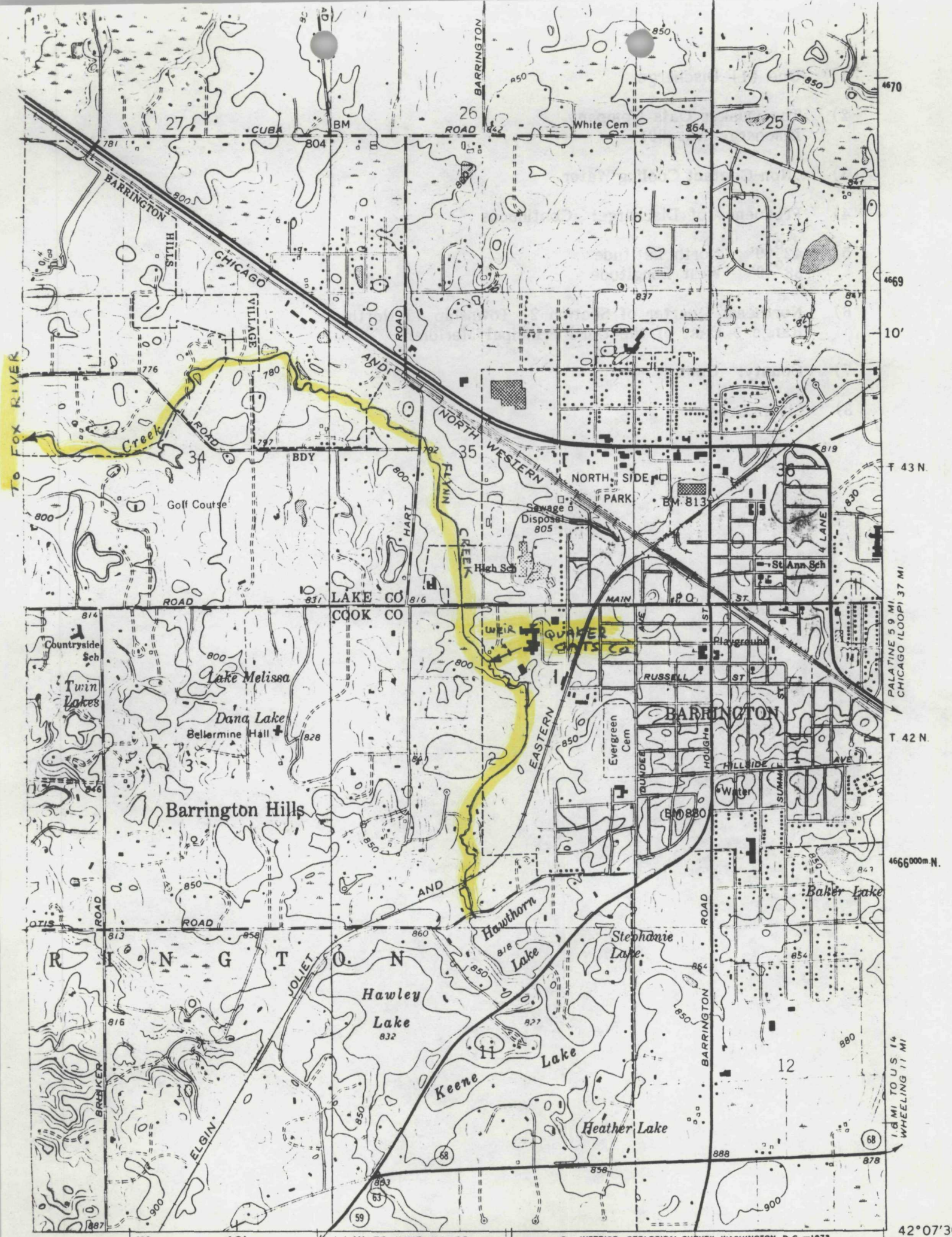
05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

IV. COMMENTS

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

EPA WATER FILES



THE QUAKER OATS Co. - DISCHARGE MAP - BARRINGTON, ILL.

1.1 MI. TO JUNC. ILL. 62
4.7 MI. TO INTERSTATE 90 (VIA ILL. 59)
INTERIOR—GEOLOGICAL SURVEY, WASHINGTON, D.C.—1973
406000m E.
42°07'30"
88°07'30"

- 1) One (1) Discharge
- 2) The Quaker Oats Company
Discharge No. 001
- 3) Non-Contact Cooling Water
- 4) Frequency of Discharge: Continuous
- 5) 42° 9' North Latitude
88° 9' West Longitude
- 6) Northeast Quarter of Section 2, Township 42 North,
Range 9 East of the third Principal Meridian.
- 7) County: Cook
- 8) Flynn Creek

EXECUTIVE SUMMARY

Quaker Oats Co. - John Stuart Research Lab., 617 W. Main Street, Barrington, Illinois 60010, Lat. 42-12-0 North - Lon. 88-10-35, is in research with dogs and cats. They generate dog and cat excreta into a waste treatment facility. It consists of two (2) lagoons - (1) - 99,693 cu. ft. and (2) - 400,000 cu. ft. - chlorination equipment and spray irrigation system. The settlement sludge is stored in the lagoons for approximately 10 years, at which time a dredging contractor will be employed to remove and truck away the sludge for proper final disposal.

The Agency recommends a none priority at this time, and see no potential hazardous waste at this site. See attachments on the back.

LW:tk/10

Attachments